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ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1958

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COUNTY OF NORTHUMBERLAND.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1958.

To the Chairman and Members of the
Northumberland Education Committee.

Mr. Chairman, Ladies and Gentlemen,

The fact that the year 1958 saw the 50th anniversary of the commencement of the School Health Service in this county cannot pass without comment and a brief reference to the development of the Service is made in this report. The end of 50 years saw the Service continuing to perform a useful service for the children in your schools and attempting steadily to improve the facilities available for them.

Considerable progress was made during the year with the programme of poliomyelitis vaccination and the B.C.G. scheme was continued with success. The dental service was fully staffed and dealt with a record amount of work, including no less than 32,800 fillings; it is perhaps of passing interest to note that 410 children were supplied with artificial teeth. The range of orthodontic treatment was fully maintained.

Probably the most important occurrence during the year was the opening of Cleaswell Hill Day Special School for educationally subnormal children. This helped very considerably in accommodating those children for whom places were needed. The examination of handicapped pupils is one of the most important parts of the work of the school doctor and 208 children were ascertained to be handicapped during the year.

None of the work of the School Health Service would be possible without the help and support of the Director of Education and the teachers of the county, and I should like to express our gratitude to them for their continued consideration.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN B. TILLEY,

Principal School Medical Officer.

County Hall,
Newcastle upon Tyne, 1.

STAFF.

Principal School Medical Officer.
J. B. TILLEY, M.D., B.Hy., D.P.H.

Senior School Medical Officer.
W. J. PIERCE, M.B., Ch.B., D.P.H.

School Medical Officers.
W. W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.
J. DEEGAN, M.B., B.S.
MARY W. DEWELL, M.B., B.S.
EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.
ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
R. A. MATTHEWS, M.B., B.S., M.R.C.S., L.R.C.P.
†BEATRICE M. NOBLE, M.B., B.S.
ANNA M. REID, M.B., Ch.B., D.P.H. (Resigned 24/11/58).
ENID M. YOUNG, M.B., B.S.

Ophthalmologists.
†H. H. AITCHISON, B.M., B.Ch. M.R.C.S., L.R.C.P.
†E. L. ARNOLD, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.O.M.S.
†L. W. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
†J. D. MILNE, L.R.C.P., L.R.C.S., D.O.M.S.
†V. G. O'LEARY, M.B., B.Ch., B.A.O.
†A. K. TOWERS, M.D., D.P.H.

Consultant Orthopaedic Surgeons.
†C. C. M. JAMES, F.R.C.S.
†J. B. KYLE, F.R.C.S.
†C. C. SLACK, F.R.C.S.
†D. G. WRIGHT, F.R.C.S.

Speech Therapists.
MARGARET K. HEPBURN, L.C.S.T. (Commenced 27/1/58).
ELIZABETH M. WILSON, L.C.S.T. (Commenced 2/6/58).

Superintendent Physiotherapist.
ALICE M. RICHARDSON, M.C.S.P., O.N.C.

Physiotherapists.
SYLVIA M. ADIE, M.C.S.P
JOYCE M. ARKLE, M.C.S.P., O.N.C. (Commenced 22/9/58).
MAUREEN HAWKINS, M.C.S.P. (Resigned 31/5/58).
MARION E. WAKE, M.C.S.P.

Principal Nursing Officer.
ANNA A. GRAHAM, O.B.E., S.R.N., H.V.Cert., F.R.S.H.

Deputy Principal Nursing Officer.
MAY FOTHERGILL, S.R.N., S.C.M., H.V.Cert., R.S.H.

Assistant Principal Nursing Officer.
MARY ATKINSON, S.R.N., S.C.M., H.V.Cert., R.S.H.

Principal School Dental Officer.
A. E. ROBINSON, F.D.S.R.C.S.

Dental Officers.

C. D. ANDERSON, L.D.S.
R. S. BODENHAM, B.D.S.
AGNES E. M. BROWN, B.D.S.
H. J. COOMBES, L.D.S.
SHEILA M. CRUTE, B.D.S.
E. T. CUNNELL, B.D.S.
D. P. DAVIDSON, B.D.S. (Resigned 31/8/58).
R. S. FERRELL, L.D S (Commenced 1/2/58).
R. M. FOULDS, L.D.S.
HELEN C. GENT, B.D.S.
J. F. HORSEMAN, L.D.S.
T. A. IRELAND, L.D.S.
W. J. IRVINE, L.D.S.
MARGARET I. LAMB, L.D.S.
SHIRLEY E. LONG, L.D.S.
T. M. MAHADERVAN, L.D.S.
W. P. NEILSON, L.D.S.
A. K. PATERSON, B.D.S.
J. R. PORTEOUS, B.D.S. (Commenced 15/9/58).
W. ROBSON, L.D.S.
J. W. RUSSELL, L.D.S.
S. J. SMITHSON, L.D.S.
NORMA S. STEWART, B.D.S.
E. G. STUART, B.D.S.
HILDA M. WALTON, B.D.S. (Resigned 31/1/58).
R. W. WHITTINGHAM, B.D.S.

Orthodontists.

G. H. STEEL, F.D.S.R.C.S., D.Orth (Commenced 1/5/58)
JOAN WEYMAN, F.D.S.R.C.S., D.Orth. (Resigned 31/1/58).

Educational Psychologist

C. ALLEN, B.A., M.ED.

Administrative Assistant.

W. O. TODD.

Wallsend Divisional Executive.

Divisional School Medical Officer.

G. M. CUBIE, M.B., Ch.B., D.P.H.

School Medical Officer.

ISOBEL JEAN McLARTY, M.B., Ch.B.

† Part-time.

SCHOOL HEALTH SERVICE.

The 50th Anniversary of the establishment of the School Health Service in Northumberland was reached in July 1958. On July 1st, 1908, the Education Committee laid the foundations of the School Health Service by the appointment of two doctors as medical inspectors: today nine doctors are engaged whole-time in the Service and four others are so engaged for part of their time, while specialist opthalmologists and orthopaedic surgeons also take part in the work. In 1908 arrangements were made for the doctor to be helped by the district nurse, or where no nurse was available, by "a teacher's wife or other suitable person" at a fee of 2/6d. per school session: today there are 85 health visitors and 19 nursing assistants in the Service.

The development of the Service is of great interest and the reports over the past 50 years show how both the range of facilities available and the conditions found at medical inspection have altered. Monetary values have also changed, for the eye testing cards which cost 1/- each in 1908 now cost 15/-, and the 75 weighing machines, which were bought for £127, would now cost about £1,850.

At the end of the first six months, 4,911 children had been examined, and of these 24·7% were verminous and 12% were suffering from malnutrition. These findings are in marked contrast with today, when severe malnutrition is practically non-existent, and the physical condition of only 2·8% of the children examined was found to be unsatisfactory. A small percentage of children is still found with nits in the hair, but gross infestation with lice is now very uncommon and infestation of the body is not now seen. The deformities caused by rickets are no longer found at medical inspection, as this disease is prevented, and the crippling effects of tuberculosis of the bones and joints are rarely seen today. That the children are taller, heavier and healthier than ever before is self-evident.

At first, no treatment of any kind was provided but extensions of the Service beyond mere medical inspection were to develop faily quickly. By 1910 the first school health visitor had been appointed and a voluntary fund set up to provide spectacles in necessitous cases. Cheap spectacles were later provided by a scheme introduced in 1911, and staff increases both medical and nursing came into effect in that year.

As early as 1913, a scheme for the dental treatment of school children was approved but the outbreak of war delayed the start of the dental service until 1916. The state of the mouths was so bad that in the first period for which a report is available only 21 teeth were filled compared with 610 which had to be extracted. This simple beginning has developed into the present dental service with its staff of 26 dentists, its fine clinics, its X-ray equipment, its new high-speed air turbine drills and its extensive laboratory. Although we cannot be satisfied with the caries rate in school children today, the number of teeth extracted is less than that on which conservation is carried out: this compares very favourably with the work noted in the first dental report.

The present day acceptance of examination and treatment by the school doctors and dentists shows a very different picture from the early days. Ten years after the start of the Service one rural school record reads: "3rd September, 1919. Medical inspection of children—only 5 presented for the inspection. Owing to some parents objecting more than half the scholars were retained at home."

Thirty years ago the Education Committee established a scheme for orthopaedic treatment of school children to deal with the crippling defects found at medical examination. The scheme was run in conjunction with the Sanderson Orthopaedic Hospital in Gosforth, and it continues today in an extended form though the consultant orthopaedic surgeons are now employed by the Regional Hospital Board. Since 1948, hospital treatment has been provided by the Board and the Board of Governors of the teaching hospital so that the arrangements first made with the hospitals by the Education Committee nearly forty years ago are no longer required, though in earlier years they had been of inestimable benefit to many school children in the county.

Twenty years ago the reports record the first reference to child guidance, and fifteen years ago the beginning of speech therapy is recorded. Today extensive use is made of both services, the one with the help of the Director of the Child Psychiatry Unit of the University of Durham and the Regional Hospital Board, and the other by the work of the Committee's own staff of speech therapists. Thus the scope of the School Health Service widens and the amount of work it performs steadily increases. In 1908, the prevention of tuberculosis by B.C.G. vaccination, and vaccination against poliomytlitis were unknown. In 1958 these measures, amongst others, are carried out by the school doctors in addition to the 45,000 examinations they perform annually. From simple beginnings fifty years ago has grown a large and complex service which will continue to serve the children of the county schools for many years to come.

SCHOOL POPULATION.

The school population continues to show a marked increase. One thousand three hundred and fifty-three more children were admitted during the year, raising the numbers from 73,392 to 74,745.

The number of schools and details of school population are shown in the following tables. There are now two special schools for educationally subnormal pupils in the county, a day special school having been opened.

Type of School.	Premises. January 1958.	Premises. January 1959.
Grammar	14	13
Secondary	47	49
Primary	331	327
Hospital	2	2
Special	1	2
	395	393

From the above table, it will be seen that there was one grammar school less, the explanation being that the girls' school and the boys' school at Hexham were merged.

Type of School.	Population. January 1958. Male.	Female.	Total.	Population. January 1959. Male.	Female.	Total.
Grammar	2,257	2,239	4,496	2,485	2,474	4,959
Secondary	8,254	7,697	15,951	9,321	8,806	18,127
Primary	26,861	25,847	52,708	26,305	25,002	51,307
Hospital	89	93	182	110	90	200
Special	55	—	55	102	50	152
	37,516	35,876	73,392	38,323	36,422	74,745

SCHOOL MEDICAL INSPECTION.

Staff.

The establishment now is 13 doctors, who devote time to medical inspection, and the number in terms of full-time medical officers in the School Health Service was, at the end of December 1958, 8·7, one of the medical officers of the staff having resigned at the end of November. The medical officer was Dr. Anna M. Reid, who had looked after the school children in the northern part of the county since 1936. Dr. Reid, although having left the service of the Education Committee, is still in the employ of the County Council, having transferred to the Maternity and Child Welfare Section of the County Medical Officer's Staff.

The medical staff are assisted at medical inspection by 85 school nurses and 19 nursing assistants. Eighty of the school nurses hold Health Visitors' Certificates and devote the greater portion of their time to the Health Visiting Service. The first health visitor was appointed in October 1910, in order to visit the children with defects in those districts where district nurses were not available.

General Medical Inspection.

The General Medical Inspection was carried out as follows:—

(1) On entrance to the Primary school (5 years of age).
(2) In Junior school (9 years of age).
(3) During last year at school.

An additional sight test was carried out at eight years of age on each child.

The number of pupils examined at Periodic Medical Inspection showed a decrease of 2,567 compared with 1957. This decrease was to be expected because only 9 year old children were seen at the intermediate examination. Twenty-two thousand one hundred and sixty-two examinations were carried out during the year, against 24,729 in the previous year.

Children found at Periodic Medical Inspection to have defects were seen again at a later date and 14,263 re-inspections were carried out. In addition, 10,107 special inspections were made of children who were brought specially to the notice of the school doctors. The total number of special examinations was 24,370, which exceeded those of the previous year by 2,430. Taking the examinations as a whole, the overall decrease compared with last year was 137 examinations. This was inevitable as, for a month and a half, the staff was depleted by one doctor.

Medical examination of school children first took place in August 1908, the two doctors having previously conferred with head teachers and explained the procedure. The first full year's work was reported in the School Medical Officer's Annual Report for 1909. The school population at that time was 49,115, and of those children, 11,141 were examined, of whom 3,573 were found to have defects. It was noted that many parents were not taking any action regarding treatment for these defects. After follow-up by the district nurses, the results were satisfactory, 53·4% benefiting from treatment, while in 29·4% the defects were completely remedied.

Slightly fewer parents attended with their children at the Periodic Inspections during 1958. This was no doubt due to there being only one age group examined during the year at the intermediate inspection. The percentage of parents attending was 64·5.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

In addition to the medical inspections, visits were paid by the health visitors to all primary and secondary schools. The girls at two grammar schools were also examined. One hundred and eighty-seven thousand two hundred and forty-eight examinations were carried out on 69,802 pupils, of whom 3,349 were found to be infested, giving a percentage of 4·8. This figure is the lowest ever recorded and the health visiting staff and parents are to be congratulated on the efforts which have brought about this state of cleanliness in the county.

It is interesting to record this low figure, when one refers to the report of fifty years ago and reads "Verminous children caused a difficulty, the mothers considering this a triviality, being of the opinion that the condition was 'a sign of good health.'" The figure recorded then was 24·7%.

Defects.

Of the 22,162 pupils examined at Periodic Inspections, 4,339 were found to have defects requiring treatment.

A comparative table showing the number of defects found over the past five years is shown.

DEFECTS REQUIRING TREATMENT PER 10,000 CHILDREN EXAMINED AT PERIODIC MEDICAL INSPECTION.

	1954.	1955.	1956.	1957.	1958.
No. of children examined	13,518	17,585	23,278	24,729	22,162
Disease or Defect.					
Skin	178	139	138	230	242
Eyes—					
(a) Vision	492	609	716	722	759
(b) Squint	155	187	165	195	189
(c) Other	44	65	46	58	51
Ears—					
(a) Hearing	45	32	27	34	32
(b) Otitis Media	61	39	27	34	40
(c) Other	18	15	9	12	14
Nose and Throat	276	179	157	154	186
Speech	62	38	51	43	48
Cervical Glands	13	10	—	—	—
Lymphatic Glands	—	—	13	7	14
Heart	25	11	7	13	17
Lungs	87	65	56	72	102
Developmental—					
(a) Hernia	17	11	14	17	25
(b) Other	16	23	14	33	29
Orthopaedic—					
(a) Posture	23	30	24	46	53
(b) Feet	79	83	87	159	194
(c) Other	138	108	79	74	106
Nervous System—					
(a) Epilepsy	6	8	—	10	16
(b) Other	18	10	14	16	21
Psychological—					
(a) Development	5	5	6	32	31
(b) Stability	2	7	9	12	14
Abdomen	—	—	74	47	82
Other	98	89	11	28	32
Total Defects per 10,000 examined	1,858	1,763	1,744	2,048	2,297

Prevention of Tuberculosis.

When each child attended for entrant periodic inspection, a tuberculin skin test was carried out. In the past, those who reacted were passed to the chest physician for follow-up and X-ray, but this year, in view of the hazards of radiation, only children in whom there was a clinical indication that X-ray was necessary were referred.

The following table shows the number of children tested:—

County Districts.	No. of Schools in which test was carried out.	No. of children tested.	No. of reactors.	Percentage of reactors.
Boroughs.				
Berwick	7	186	7	3·8
Blyth	7	366	15	4·1
Morpeth	2	115	3	2·6
Wallsend	8	422	11	2·6
Whitley Bay	4	249	9	3·6
Urban Districts.				
Alnwick	1	36	2	5·6
Amble	2	78	—	—
Ashington	5	423	5	1·2
Bedlingtonshire ..	9	324	5	1·5
Gosforth	4	235	15	6·4
Hexham	3	107	8	7·5
Longbenton	22	893	17	1·9
Newbiggin-by-the-Sea	4	175	1	0·6
Newburn	8	358	11	3·1
Prudhoe	6	121	7	5·8
Seaton Valley ..	10	239	4	1·7
Rural Districts.				
Alnwick	19	133	3	2·2
Belford	5	35	1	2·9
Bellingham	8	65	9	13·8
Castle Ward	14	170	7	4·1
Glendale	14	101	1	1·0
Haltwhistle	11	70	4	5·7
Hexham	30	278	26	9·4
Morpeth	13	230	4	1·7
Norham & Islandshires	13	61	—	—

B.C.G. Vaccination.

B.C.G. vaccination was offered to parents for their 13 year old children and 20·6 per cent. refused. Gradually the number of parents refusing is declining and it can only be hoped that one day a 100 per cent. acceptance rate may be attained.

The pupils at 105 schools, numbering 4,593, were offered tuberculin skin tests and, if necessary, vaccination. Nine hundred and forty-eight refused the offer, but 3,550 accepted and were skin-tested. Of the number skin-tested, 2,633 were found to be non-reactors and of these 2,605 were vaccinated with B.C.G. Those who reacted to the test numbered 753, which gave a percentage of 21·2.

County Districts.	No. of Schools.	No. of Leavers.	No. Refused.	No. T.B. Tested.	No. Pos.	No. Neg.	No. B.C.G. Vacc.
Boroughs.							
Berwick	3	172	5	147	21	123	123
Blyth	7	627	274	329	42	255	252
Morpeth	3	122	30	89	18	67	66
Wallsend	3	211	34	166	18	147	147
Whitley Bay ...	5	289	58	222	51	153	150
Urban Districts.							
Alnwick	5	148	9	125	36	84	84
Amble	4	134	3	124	25	95	95
Ashington	6	353	74	269	67	192	191
Bedlingtonshire ...	8	511	145	345	81	261	250
Gosforth	6	341	59	273	53	210	210
Hexham	4	120	17	91	20	71	71
Longbenton... ...	6	396	38	363	58	290	290
Newbiggin-by-Sea ...	2	107	3	103	41	52	51
Newburn	4	213	18	193	49	126	125
Prudhoe	1	77	4	73	22	47	47
Seaton Valley ...	3	215	75	218	37	169	169
Rural Districts.							
Belford	2	79	6	68	19	44	42
Bellingham	2	118	19	89	22	67	67
Castle Ward ...	4	64	10	53	15	33	33
Glendale	6	21	2	17	3	14	14
Haltwhistle	1	55	23	31	3	28	28
Hexham	7	73	22	50	15	31	31
Morpeth	4	93	19	64	27	37	34
Norham and Island-shires	4	10	—	10	2	8	8
Rothbury	1	14	—	14	3	10	10
Marton Camp School	—	30	1	24	5	19	17

In order to ascertain whether any child vaccinated had converted, a further skin test was carried out on those vaccinated during 1957, and any found not to react to the test were re-vaccinated. Of the 1,690 re-skin-tested, 48 were again vaccinated with B.C.G.

Only in one case vaccinated during the year was a post-vaccination complication noted and no symptoms developed.

POLIOMYELITIS VACCINATION.

Ministry of Health Circular 20/58 dated 2nd September, 1958, extended the groups eligible for vaccination, and among these were persons born in the years 1933 to 1942, i.e. 16 to 25 years of age. It will be seen that among this group there are those attending grammar schools and further educational establishments. It was also recommended that a third injection be offered to persons in groups already registered, who had received two injections, the third to be not less than seven months after the second injection.

Supplies of vaccine were made available by the Ministry, mainly of the Salk type, British vaccine being rather limited, and this made it possible to complete the vaccination (of two injections) of the children registered.

Since the beginning of the scheme in 1956 to the end of 1958, 75 per cent. of the pre-school and school children in Northumberland had received protection against poliomyelitis.

MEDICAL TREATMENT.

Details of the various types of treatment carried out in school clinics and hospitals are shown in the remainder of the report.

OPHTHALMIC TREATMENT.

Children found at medical inspections to have defective vision are referred to the school nurse, who makes arrangements for attendance at one of the ophthalmic clinics which are attended by ophthalmologists, the majority of whom are on the staff of the Newcastle Regional Hospital Board. Sessions are held at 25 centres in the county.

Eight hundred and seventy-five sessions were held during the year, compared with 781 the previous year. Seven thousand two hundred and seventy-two children were examined, of whom 4,347 were prescribed spectacles. During the previous year the numbers were 6,610 examined and 4,034 prescribed.

In addition to the children attending the county school clinics, 1,156 were known to have had spectacles prescribed privately, which brought the total known to have had spectacles prescribed to 5,190 during the year. The total during the previous year was 4,891.

Orthoptic Treatment.

Those children who are considered by the ophthalmologists to require hospital treatment for correction of squint are referred to the Eye Department of the Newcastle General Hospital, where they receive either orthoptic exercises or, if considered necessary, operative treatment.

The following information was kindly supplied by Mr. J. D. Shepherd, the Hospital Secretary:—

New cases	24
Discharged	67
Operations	104
Discharges in detail:—	
Orthoptically satisfactory	24
Cosmetic result	16
Improved	2
Failed to report	21
No improvement	1
Parents refused operation	3

It was in August, 1920 that the first doctor who specialised in ophthalmology was appointed.

Children found to have visual defects were referred for refraction. These numbered 1,568, of whom 654 submitted to refraction. Of these, 646 were prescribed spectacles, 597 of whom were provided with them. A voluntary fund was raised in 1910 for the provision of spectacles in necessitous cases.

DISEASES OF THE EAR, NOSE AND THROAT.

Pupils found to require treatment of the ear, nose or throat are referred for consultant opinion to a hospital as near to their home as possible. The following table gives details of children referred during the year:—

Hospital.	Consultations.
Ashington Hospital	22
Berwick Infirmary	1
E.N.T. Hospital, Newcastle	16
Hexham General Hospital	1
Hospital for Sick Children	172
Newcastle General Hospital	33
Thomas Knight Memorial Hospital, Blyth ..	248
Walkergate Hospital	169
	662

Waiting list for operation	17
Operations carried out	580
Other forms of treatment	48
Deferred for observation	5
Recommended for hearing aid	4
No treatment advised	6
Awaiting consultation at end of the year ..	2
	662

Children found to have had tonsillectomy were again recorded as follows:—

Year of Birth.	Total Inspected. Boys.	Girls.	Number had Tonsillectomy Boys.	%	Girls.	%
1953 ..	1,733	1,485	142	8·1	85	5·7
1952 ..	1,457	1,328	139	9·5	115	8·6
1951 ..	238	195	32	13·4	34	17·4
1950 ..	51	61	18	35·3	6	9·8
1949 ..	1,569	1,484	261	16·6	181	12·2
1948 ..	1,318	1,310	311	23·6	291	22·2
1947 ..	774	642	205	26·5	175	27·3
1946 ..	529	666	129	24·4	128	19·2
1945 ..	223	275	50	22·4	80	29·1
1944 ..	896	780	206	23·0	199	25·5
1943 or earlier	1,694	1,393	389	22·9	331	23·8

ORTHOPAEDIC TREATMENT.

The staff of after-care sisters was maintained at full establishment until the end of May 1958, when one of the number was compelled to resign her full-time post, and as it was not possible to fill the vacancy immediately, she assisted on a part-time basis until the end of July. The vacancy was filled in September by an old member of the staff, who left the Service in 1954.

Treatment was carried out at 18 centres in the county, 16 of which were attended by orthopaedic surgeons, who are on the staff of the Regional Hospital Board.

There have been changes in the consultant staff during the year. Mr. C. C. Michael James, F.R.C.S., continued to attend the clinics in the northern area, Mr. D. G. Wright, F.R.C.S., attending the Gosforth Clinic. Mr. J. B. Kyle, F.R.C.S., who is based at Hexham General Hospital, attended the clinics in the west of the county, and Mr. C. C. Slack, F.R.C.S., who is now based at Tynemouth Infirmary, attended Wallsend and Whitley Bay. Mr. James and Mr. Wright are the surgeons at the W. J. Sanderson Orthopaedic Hospital.

Once again, the number of children seen by the surgeons showed an increase, 35 more being seen than during 1957.

The following table shows the number of school children seen at the clinics:—

Clinic.	Number of Sessions: Orthopaedic Surgeons for consultation.	Number of Sessions: Physiotherapists for treatment.	Number of new cases examined by Orthopaedic Surgeons.	Total number of attendances by patients.
Alnwick	32	40	64	299
Amble	1	81	—	238
Ashington ..	23	58	55	490
Bellingham ..	9	31	16	237
Berwick	14	17	22	89
Blyth	13	76	59	722
Gosforth ..	27	144	89	1,189
Guide Post ..	11	62	39	617
Haltwhistle ..	10	50	18	336
Hexham	10	56	61	495
Morpeth	11	76	44	456
Newburn ..	11	60	37	335
Prudhoe	10	60	44	456
Rothbury ..	12	—	4	11
Shiremoor and Whitley Bay ..	11	57	47	527
Wallsend ..	21	106	33	729
	226	974	632	7,226

Although the clinics were originally commenced for the treatment of school children found at medical inspection to require treatment, their use has now become wider, as in addition to school children being seen, pre-school children and adults are also referred, mainly direct from medical practitioners in the respective areas. This increased the numbers examined by the surgeons by 1,829 pre-school children and 635 adults, making a grand total of 5,199.

The orthopaedic scheme commenced on 3rd April, 1959, the staff consisting of one orthopaedic surgeon and one orthopaedic sister. Children requiring hospital treatment were admitted to the W. J. Sanderson Orthopaedic Hospital.

The first clinic was opened at Ashington. A clinic was also established at Alnwick by a voluntary organisation. During the year further clinics were opened at Bedlington and Morpeth. One hundred and twenty-three children attended from the establishment of the clinics until the end of the year.

ULTRA VIOLET LIGHT.

School children recommended by the school doctors for this type of treatment attended the centres shown in the following table:—

Clinic.	Attendances.
Alnwick	187
Ashington	161
Bedlington	132
Forest Hall	613
Gosforth	228
Seaton Delaval	102
Shiremoor	63
Whitley Bay	193
Wallsend	583
	2,262

SPEECH THERAPY.

With the appointment of Miss M. K. Hepburn, L.C.S.T., at the beginning of February 1958, it was made possible to re-open some of the speech clinics in the county, and Miss Hepburn attended clinics at Wallsend, Gosforth, Morpeth, Alnwick, Berwick and Ashington. In June it was possible to re-open further clinics following the appointment of Mrs. E. M. Wilson, L.C.S.T., namely Prudhoe, Newburn, Hexham, Whitley Bay and Blyth. It has not been possible to reach the full establishment of three speech therapists and the waiting list at some of the clinics was heavy at the end of the year. However, between the two speech therapists, 608 children received treatment at our own clinics and, in addition to these, 42 children attended the Hospital for Sick Children for treatment, making a total of 650 Northumberland school children in all who received treatment during the year.

Details of the clinics operating during the year are shown in the table:—

Clinic.	Number of treatment sessions.	Number of children who received treatment.	Number of children discharged.	Number of attendances made for treatment.
Alnwick ..	56	38	12	298
Ashington ..	130	103	34	641
Berwick ..	80	54	20	505
Blyth ..	48	64	27	346
Gosforth ..	82	88	39	811
Hexham ..	22	28	12	105
Newburn ..	11	30	11	86
Prudhoe ..	11	11	5	45
Morpeth ..	73	65	30	408
Wallsend ..	82	71	25	877
Whitley Bay	48	56	25	396
	643	608	240	4,518

Miss Hepburn, reporting on the clinics in the southern part of the county, writes as follows:—

> "The majority of children who attended the clinics throughout the year have received treatment for dyslalia, although the number of stammerers is by no means negligible. A certain number of pre-school children attend for treatment, their acceptance being determined by their age, intelligence, severity of speech defect and anxiety of the mother.
>
> In some cases it is the parents who need guidance just as much as the children need treatment. This is particularly true in the case of a child handicapped by a hearing loss.

There appears to be a social stigma attached to deficient hearing and many mothers are unwilling to accept the fact that their children need further treatment at an E.N.T. Department.

Some group work has been tried with dyslalics and stammerers. I find that a stammerer benefits greatly from contact with other stammerers—it makes him realise that he is not alone in his predicament. With the dyslalics it gives rise to a sense of competition and often ensures that home practice is carried out."

Mrs. Wilson, reporting on the Clinics in the northern part of the county, writes as follows:—

"The largest number of children treated in school clinics are those suffering from articulatory defects, including:—

(a) Alalia (generally in pre-school children)—6 cases.
(b) Dyslalia.
(c) Dysarthria (spastic)—3 cases.
(d) Articulatory Dyspraxia—5 cases.

Several of the dyslalic patients referred required only advice on how to deal with this problem, and no treatment was given. Dyslalia often creates spelling, writing and reading difficulties. I find that these comparatively simple cases are apt to drag on unnecessarily, as some parents do not bother to practise with the patient, being of the opinion that 'he'll grow out of it anyway.'

About 40 per cent. of the children attending the clinics are stammerers. Most of these are long-standing patients. Unlike the first group, only a small percentage appear to have a poor I.Q.

Many stammerers have reading difficulties and as their reading improves, so the stammer tends to improve. Ten stammerers were discharged as cured during 1958. Eight now only attend periodically, as speech is greatly improved.

In Ashington, I found several patients who appeared to have a 'husky voice' condition. On examination, no abnormality was found.

Five cleft palate patients (one adult) attend for speech therapy, and of these three attend only periodically for check up.

Eight of the children referred by the school medical officer failed to keep any appointment. During the year:—

3 children removed to another district.
2 left school and no longer attend.
2 were discharged because of lack of co-operation—failed to attend regularly, no home practice, etc.
7 patients were discharged—speech greatly improved, though not completely cured."

It was noted in the Annual Report of 1946 that children found to have speech defects were referred to the speech therapist at either the Royal Victoria Infirmary or the Hospital for Sick Children, Newcastle, and 41 cases received treatment. The following year, in November, clinics were opened in the county at Alnwick and Hexham, and children were treated by Miss M. E. Morley, F.C.S.T., who also carried out the treatment at the two hospitals. This arrangement continued until October 1950, when the services of a full-time speech therapist were obtained, clinics then being opened at Ashington, Blyth, Gosforth, Shiremoor and Wallsend. From the inception of these additional clinics, children discontinued attending the hospitals. Miss Morley, however, continued attendance at the Hexham clinics, until she resigned her part-time employment in December 1951. In February, the following year, a full-time speech therapist was employed and this was the establishment until 1954, when the staff was increased to three. The numbers of cases treated rose from 41 to the present total of 608.

MINOR AILMENT AND CONSULTATIVE CLINICS.

The necessity for these clinics has become less and less since the inception of free treatment in 1948, and during the year it was found that at only four centres in the large urban areas was there any demand for treatment. The tendency now is to use the clinics for examination more than treatment. The school medical officers make use of the clinics for the examination of entrants to teacher training colleges, pupils returning to the county residential schools and children requiring examination for part-time employment.

HANDICAPPED PUPILS.

It is the responsibility of the School Health Service to ascertain any child found to be handicapped in any way. The health visitor, on finding any child with a defect, informs the Principal School Medical Officer of such cases when they attain the age of two years, and the children are followed up by the school medical officer, who will take any action considered to the child's advantage. The child may not be ascertained immediately, but will be kept under observation. In this way it is hoped that every child who is handicapped can be provided with the appropriate education.

The categories of handicapped children and details are shown in the table:—

Category.	New cases ascertained.	Cases placed in Special Schools.	Attending Special Schools.	Requiring places.
Blind	1	1	11	1
Partially Sighted ..	3	3	16	5
Deaf	4	5	40	1
Partially Deaf	—	—	16	—
Educationally Subnormal	176	23	192	254
Epileptic	4	4	10	2
Maladjusted	5	2	7	9
Physically Handicapped	11	4	18	8
Delicate..	4	5	4	5
	208	47	314	285

In addition, 76 physically handicapped children were receiving education in hospital special schools, 35 in hospitals, and home tuition was provided for 2 delicate, 33 physically handicapped, 1 maladjusted and 2 epileptic pupils.

The most difficult handicapped children to place are the maladjusted and the educationally subnormal. It will be seen that it has been possible to place only two maladjusted pupils during the year, and the numbers requiring places in E.S.N. schools is rather disturbing.

Cleaswell Hill Day Special School opened at the beginning of 1959, its capacity being 140 pupils, and until the school is fully under way, there are 43 vacancies, which leaves 119 pupils awaiting placement in a day special school and 92 in residential special schools.

As has already been stated, home tuition has been provided for 38 handicapped pupils. Reports from the school medical officers show the benefit received by children receiving this form of education, which is implemented by the provision of occupational therapy by the staff of the Health Department, when this is considered to be beneficial.

Fifteen children were notified to the Local Health Authority under Section 57 (3) of the Education Act, 1944, as being ineducable. Provision is made by the Health Committee for this type of child; instruction is given at five Occupation Centres in the county. In addition to the Centres, instruction is provided by visiting home teachers in the more rural areas where the transport of children to Centres is difficult.

Five children were notified under Subsection (5) of the Act as requiring supervision after leaving school.

In the School Medical Officer's Report of 1909, which was that of the first full year's work, it was noted that one child was found to be blind and was admitted to a school for the blind, and three, found to be deaf, were admitted to a school for the deaf.

During 1914, arrangements were made to ascertain children under the Mental Deficiency Act, 1913 and the Elementary Education (Defective and Epileptic Children) Act, 1914, which provided for the education of educable mentally deficient children between the ages of 7 and 16. A list was compiled and, by the end of the year, it contained the names of 369 children (59 not attending school) considered to be mentally deficient. A special class was formed at Westmoor Council School and the results were very satisfactory.

CHILD GUIDANCE.

This authority does not provide child guidance clinics but children found to be emotionally upset or maladjusted in any form are referred to the Child Psychiatry Unit, which is administered by the University of Durham and the Newcastle Regional Hospital Board, where the children are seen by psychiatrists.

Since the unit opened in July 1957, more cases were referred than could be dealt with, and frequently there was a long delay in cases being seen. The opening of this service in Newcastle has, however, been of the greatest possible value, and tribute must be paid to Dr. P. H. Connell, the Director of the unit, for his help and co-operation.

In all, 120 Northumberland children were treated at the unit during the year. Of these, 31 were referred by the School Health Service, the remainder by general practitioners.

The school medical officers referred 37 children during the year for the following reasons:—

Enuresis	6
Behavious problems	22
Truancy	3
Instability	1
Minor misdemeanours	1
Maladjustment	1
Larceny	2
Severe nightmares	1

Nineteen of these did not receive treatment but remained on the waiting list.

The first case recorded to receive this form of treatment was in 1938, when a girl who threatened suicide was treated by the Senior School Medical Officer, and this arrangement continued until 1944, when children were referred to hospital clinics for treatment and to the Child Guidance Centre at Sunderland.

HOSPITAL SCHOOLS.

Education at the following two schools is provided by this Authority:—

Stannington Children's Hospital School.

This hospital, until the middle of 1958, was used by children with tuberculosis. The changes in the field of the treatment of tuberculosis and the declining incidence of the disease have happily led to a number of the hospital beds being unfilled. In view of this, it was suggested to the Regional Hospital Board that the hospital take handicapped pupils. The Board agreed to this and children have been admitted with the following conditions: asthma, bronchitis, delicate and heart.

W. J. Sanderson Orthopaedic Hospital School.

Those children found by the orthopaedic surgeons at the county clinics to require operative or in-patient treatment are admitted to the hospital and continue to receive their education.

SPECIAL SCHOOLS.

At the time of writing this report, there are two special schools for educationally subnormal pupils situated in Northumberland and administered by the Education Committee, Gallowhill Residential Special School, which was opened in 1955, and Cleaswell Hill Day Special School, opened in January 1959. The former accommodates 55 boys and the latter 140 boys and girls.

There is also situated in the county the Percy Hedley School for Spastic Children, which is administered by a voluntary body. This school caters for both residential and day pupils and, in all, 7 county spastic children attended. Two boys and 4 girls were day pupils and 1 boy a resident.

INFECTIOUS DISEASES.

The most prevalent infection noted by the head teachers was chicken pox. There was also a number of cases of German measles, whooping cough and mumps.

Four cases of poliomyelitis in children were notified during the year to the County Medical Officer and three of these were paralytic.

It will be noted from the table that the number recorded at Periodic Medical Inspection as having been vaccinated against smallpox and immunised against diphtheria has increased.

	Percentage Immunised.	Percentage Vaccinated.
1949	88·8	31·1
1950	88·0	31·4
1951	87·1	34·6
1952	85·9	35·4
1953	88·1	34·5
1954	86·5	29·9
1955	85·2	34·9
1956	81·8	34·8
1957	85·6	36·1
1958	81·4	33·8

DENTAL SERVICE.

(Report of the Principal School Dental Officer).

Staff.

Once again I am happy to report that we were able to finish the year under review with a full complement of 26 dental officers, including the Principal School Dental Officer.

There were two resignations during this period, but we were able to fill these vacancies within a comparatively short time.

In addition to the two dental officers who resigned, we also unfortunately lost the services of Miss J. Weyman who had served on the dental staff for eighteen months as a full-time orthodontist and during this period had done some very useful work in this field. She resigned to take up a Lectureship in Children's Dentistry at the Sutherland Dental School, Newcastle upon Tyne.

Miss Weyman resigned on 31st January and we were very fortunate in being able to appoint Mr. G. Steel on 1st May to fill this vacancy so that apart from a period of three months the dental service had the advantage of full-time orthodontist cover throughout the year.

Of the 26 officers engaged in this work, six are female and twenty male and 73 per cent. are under the age of 40.

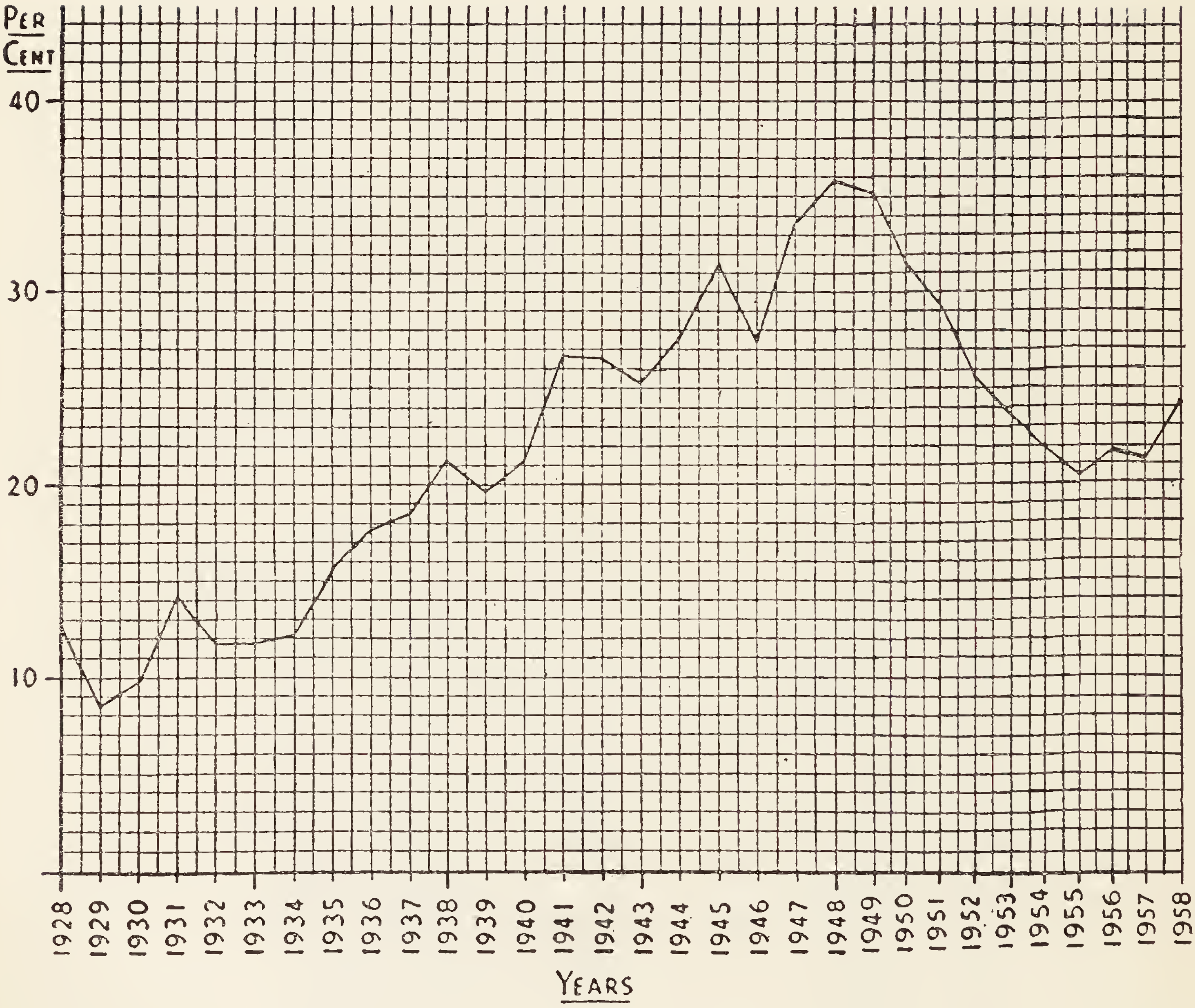
At the end of the year, the following areas were in operation:—

	Area.	Dental Officer.
(1)	Alnwick I	Miss S. M. Crute, B.D.S.
(2)	Alnwick II	Mr. R. W. Whittingham, B.D.S.
(3)	Amble	Mr. J. W. Russell, L.D.S.
(4)	Ashington I	Mr. W. J. Irvine, L.D.S.
(5)	Ashington II	Mr. R. S. Ferrell, L.D.S.
(6)	Bedlington	Mr. R. M. Foulds, L.D.S.
(7)	Bedlington Station	Mr. A. K. Paterson, B.D.S.
(8)	Berwick	Mr. W. P. Neilson, L.D.S.
(9)	Blyth I	Mr. H. J. Coombes, L.D.S.
(10)	Blyth II	Miss N. S. Stewart, B.D.S.
(11)	Forest Hall	Miss A. E. M. Brown, B.D.S.
(12)	Gosforth	Miss M. I. Lamb, L.D.S.
(13)	Hexham Rural	Mr. T. A. Ireland, L.D.S.
(14)	Hexham Urban	Mr. R. S. Bodenham, B.D.S.
(15)	Morpeth	Mr. S. J. Smithson, L.D.S.
(16)	Newburn	Mr. E. G. Stuart, B.D.S.
(17)	Prudhoe	Miss S. E. Long, L.D.S.
(18)	Shiremoor	Mr. J. R. Porteous, B.D.S.
(19)	Seaton Valley I	Mr. W. Robson, L.D.S.
(20)	Seaton Valley II	Mr. T. M. Mahadervan, L.D.S.
(21)	Throckley	Miss H. C. Gent, B.D.S.
(22)	Wallsend I	Mr. J. F. Horseman, L.D.S.
(23)	Wallsend II	Mr. C. D. Anderson, L.D.S.
(24)	Whitley Bay	Mr. E. T. Cunnell, B.D.S.

There were 10 mobile units in use.

DENTAL TREATMENT

Graph showing percentage of children found to be Dentally Fit at routine dental inspections for the years 1928 to 1958 inclusive



General Observations.

There was little change observed in the general condition of the children's teeth during the year. There was, however, a slight improvement in the percentage of children who were dentally fit on examination. This improvement is very satisfactory as it seems to show that the marked deterioration which became apparent in 1950 and continued steadily until 1955 has been checked. This is shown on the graph.

As will be remembered, in 1948 the Ministry of Education invited seven Local Authorities throughout the country to participate in a survey into the incidence of dental caries, as they felt that it was a matter of some importance that reliable records should be obtained for comparison in future years. The areas selected were Manchester, Middlesex, Northumberland, Nottinghamshire, Somerset, West Riding and West Sussex. Since that time these investigations have been carried out every five years. The same schools have been included in the three surveys carried out. The third survey was carried out in Northumberland during 1958. The investigation was confined to the 5 year old and 12 year old age groups, as previously and the D.M.F. method of assessment was employed, i.e. the number of decayed, missing (as a result of extraction for the relief of pain) and filled teeth in each mouth being recorded.

The results were expressed in two ways:—

(1) The percentage of children with no D.M.F. teeth, i.e. those immune to dental caries.
(2) The average number of D.M.F. teeth per child examined.

The following table shows the findings of these surveys throughout the country as a whole. The figures for the other areas taking part in the 1958 survey are unfortunately not yet available, but as far as Northumberland is concerned it will be seen that the incidence of dental decay has increased steadily over the ten years since these records started.

INCIDENCE OF DENTAL CARIES IN SCHOOL CHILDREN.

AREA.	Number of children examined.			Percentage of children showing no D.M.F. teeth.			Average number of D.M.F. teeth per child.		
	5–YEAR AGE GROUP.								
	1948.	1953.	1958.	1948.	1953.	1958.	1948.	1953.	1958.
Manchester ...	730	885		14·0	11·9		4·7	5·3	
Middlesex... ...	1,662	659		24·0	22·6		3·9	4·2	
Northumberland...	3,882	5,403	4,664	20·6	13·2	8·9	4·3	5·6	6·5
Nottinghamshire...	1,000	2,449		21·4	17·8		4·2	4·2	
Somerset	2,500	2,500		21·8	11·4		4·3	5·6	
West Riding ...	5,034	4,934		22·6	15·8		4·4	5·0	
West Sussex ...	350	250		25·7	25·2		4·3	3·9	
All Areas ...	15,158	17,080		21·7	14·8		4·3	5·1	

AREA.	Number of children examined.			Percentage of children showing no D.M.F. teeth.			Average number of D.M.F. teeth per child.		
	12–YEAR AGE GROUP.								
	1948.	1953.	1958.	1948.	1953.	1958.	1948.	1953.	1958.
Manchester ...	793	788		8·6	14·2		3·7	3·5	
Middlesex... ..	—	480		—	6·5		—	4·6	
Northumberland...	3,986	3,823	5,089	19·8	12·7	3·4	2·5	3·6	5·6
Nottinghamshire..	1,000	2,128		11·9	15·8		4·2	3·0	
Somerset	2,500	2,500		22·3	9·4		2·7	4·3	
West Riding ..	1,876	4,228		19·3	10·5		2·9	4·2	
West Sussex ...	699	397		26·2	18·9		2·7	3·2	
All Areas ...	10,854	14,344		19·2	12·0		2·9	3·8	

Each 5 year old child showed 0·9 more carious teeth than five years ago. Similarly each 12 year old child examined showed on average 2 more carious teeth than five years ago.

For our own information, whilst carrying out these dental examinations, we also included an assessment of the oral hygiene practised by the children in the county, this being based on the good, fair and poor principle. Whilst this is not a very scientifically accurate method, it does give us data for future comparison.

The following were the results for the whole area:—

5 year old group.		12 year old group.	
Good ..	37·3%	Good ..	30·3%
Fair ..	48·3%	Fair ..	56·2%
Poor ..	14·4%	Poor ..	13·5%

There is quite a tie-up observed between oral hygiene practised and incidence of caries. Taking the 5 year old age group first, the best area so far as the incidence of caries was concerned showed that 34 per cent. of the children examined had good oral hygiene, 62 per cent. fair and only 4 per cent. showed poor oral hygiene. The average D.M.F. per child in this area was 4·9. In the worst area 34 per cent. showed good oral hygiene, 43 per cent. fair and 24 per cent. poor oral hygiene, and in this area the average D.M.F. per child examined was 7·8.

The interesting point was that in the best area only 4 per cent. showed poor oral hygiene and the average number of decayed teeth was 4·9 per child, whilst in the worst area 24 per cent. showed poor oral hygiene and each child had on average 7·8 decayed teeth.

On examining the 12 year old age group, one found in the best area that 57 per cent. of the children examined showed good oral hygiene, 39 per cent. fair and 4 per cent. poor, and each child had on average 4·2 decayed teeth. In the worst area one found that 35 per cent. showed good oral hygiene, 42 per cent. fair and 23 per cent. poor, and each child examined had on average 8·7 decayed teeth.

Again the same point as was observed in the 5 year old group was brought out, viz.: in the best area, where only 4 per cent. of the children showed poor oral hygiene, the average number of decayed teeth per child was 4·2, whereas in the worst, where 23 per cent. of the children showed poor oral hygiene, the incidence of caries increased to 8·7 per child. The moral seems to be obvious.

There appears to be little doubt that with improved economic conditions the great majority of children in the county are spending more money on sweets, iced lollies, biscuits, etc., a large quantity of these confections being eaten between meals with disastrous results in many cases.

The total volume of work carried out by the Department again showed an increase on previous years, 60,092 attendances being made at the clinics for treatment, compared with 57,963 in 1957.

A total of 32,893 fillings was completed during the year, which is an increase of 3,147 over the previous year; at the same time there was a fall of 1,608 in the number of teeth extracted. This is very gratifying as it is always pleasing to observe the number of teeth saved increasing and the number of teeth extracted decreasing.

Eight specialist anaesthetists were again employed by the Dental Department on a part-time basis and 4,466 children had their more difficult dental operations carried out under general anaesthesia. This is 108 less than had this form of treatment in 1957.

Radiography.

This work continued on similar lines to previous years and the total output of work in this field is very similar to 1957, viz.: 2,305 radiographs taken for 1,206 patients for the year under review compared with 2,704 radiographs for 1,241 patients in 1957.

Three new X-ray units were provided during the year. One was installed in Newburn Clinic, one at Shiremoor and one in a dental trailer. All of these new units are proving to be most useful and the one in the dental trailer particularly so, as cases requiring X-rays for diagnostic purposes can be seen in the trailer and the films can be developed immediately in the small dark room at the rear of the trailer, thus saving the children a great deal of travelling time.

Orthodontic Service.

There was again a further increase in this specialised treatment, a total of 1,338 individual cases being under treatment, compared with 1,204 in the previous year.

The total number of attendances at the dental clinics for orthodontic treatment was 6,861. The policy has been the same as in previous years and there is little new to report at this stage other than of slow and gradual development.

Finally, I should again like to thank my colleagues for their loyal support and help during the year and also the head teachers and staffs of the schools in the county for their very valuable co-operation, without which the Service could not function.

GENERAL CONDITION.

The physical condition of the county school children examined during the year is something that the county can be proud of, there being only 2·8 per cent. classed as unsatisfactory. The age group showing the greatest percentage of unsatisfactory pupils was the one covering children born in 1950.

The Ministry of Education statistical tables have been altered this year and the number of pupils inspected and the physical condition are shown by year of birth, as will be seen from Table A of the Medical Inspection Returns on page 53.

The following table shows a comparison over the last three years. For this purpose the following classification has been adopted: Entrants (born 1954, 1953 and 1952), Intermediate (1949 and 1948), Leavers (1944 and 1943) and Additional Periodic (1951, 1950, 1947, 1946 and 1945):—

	Satisfactory.			Unsatisfactory.		
	1956.	1957.	1958.	1956.	1957.	1958.
	%	%	%	%	%	%
Entrants ..	91·37	93·14	96·9	8·63	6·86	3·1
Intermediate ..	89·63	91·96	96·3	10·37	8·04	3·7
Leavers ..	91·97	95·13	98·3	8·03	4·87	1·7
Additional Periodic ..	93·19	96·64	97·8	6·81	3·36	2·2

THE ROLE OF THE HEALTH VISITOR IN THE SCHOOL HEALTH SERVICE.

The health visitor has been closely identified with the School Health Service during most of the fifty years of its existence in Northumberland. In the early days her work was of necessity chiefly concerned with the follow-up of medical defects and verminous conditions. At that time many of the parents were unco-operative, especially with regard to uncleanliness, and progress was slow. Gradually, a more enlightened attitude supervened, and today the picture has changed completely. Physical health and standards of cleanliness have improved out of all recognition and, although the numbers of children with head infestation have shown little change over the last few years, the degree of infestation is greatly reduced. The advent of the National Health Service with consequent free medical treatment for all has meant early and adequate medical attention where it is needed, and made an important contribution to the improvement in health of the school child. There is also little need now for the minor ailment clinics, which were attended in such large numbers in the days before the National Health Service came into being. Family allowances have ensured better clothing and footwear for those children whose parents previously found difficulty in providing for them.

The work of the health visitor in schools today reflects the changing pattern of her work in other fields. With the improved standard of living, and better knowledge of physical care, she is increasingly concerned with the social and educational aspects of the work.

Much of the routine work in connection with the medical examinations and hygiene surveys is carried out by part-time nursing assistants. The health visitor is thus enabled to devote more time to the essential work of liaison between school and home. In many instances this work is concerned with children suffering from emotional difficulties or maladjustment, and she is often in a position to help in achieving a better understanding and a satisfactory adjustment.

Parents frequently seek guidance and reassurance from the health visitor on B.C.G. and poliomyelitis vaccination for for their children, as in spite of widespread propaganda, the subject is not always fully understood, and co-operation is only achieved after personal discussion.

An increasing number of health visitors have undertaken the teaching of hygiene and parentcraft in schools, and in several areas the senior girls have been prepared for the examination of the National Association of Maternity and Child Welfare. During 1958, one hundred and sixteen gained the certificate of merit, 13 with distinction. In other areas, shorter courses have been given and observation visits to the child welfare centre arranged.

Both the teaching staffs and the girls themselves have expressed appreciation of this teaching, which, it is felt, must be of value in introducing the girls at a receptive age to the importance of child care, and in enabling them to achieve some insight into the maternity and child welfare services and the work of the health visitor.

MILK IN SCHOOLS SCHEME.

Set out below are details of the supply of milk under the above scheme to all schools, county and non-maintained, as at 31st December, 1958:—

Grade of Milk.	No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	327	84·5	95·2
Tuberculin Tested ..	45	11·6	4·1
Ungraded	7	1·8	0·5
No fresh milk	8	2·1	0·2

There was no major change in supply arrangements during the year because contracts, where these were in force, were not due to expire until 1959. The number of schools receiving undesignated milk was, however, reduced by more than half, largely as a result of the extension of the "specified area" scheme within the county. This necessitated a review of the arrangements within the area affected but fortunately there were no cases where interruption of supply resulted. There were still many rural schools in remote situations where firm contracts could not be placed and supply had to be a matter for local arrangement. In some such cases it was necessary to accept milk otherwise than in one-third pint bottles, with straws, but this accounted for only about 2 per cent. of the total provided.

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out.

The number of schools without fresh milk at all was one less than in 1957; six of these were receiving flavoured milk tablets and the other two were making use of reconstituted dried milk. All were small isolated country schools with only a few pupils, where all efforts to secure a suitable supply had failed. A spot check made during October revealed that 85·5 per cent. of school children were making use of the service under the scheme.

MISCELLANEOUS.

The work of the school medical officer is varied in that, in addition to the examination of children at school and for the various handicaps, they are called upon to advise the Youth Employment Officer of the Ministry of Labour of the type of employment school leavers are capable of undertaking from both the physical and mental angle. Entrants to teachers' training colleges, teachers and other staff are also examined.

Children in the care of the Children's Committee, boarded-out in foster homes, are examined annually and those admitted to the Committee's Homes are examined on admission and discharge.

Arrangements are also made for the school medical officers to attend child welfare centres in their area, which enables them to follow the majority of children from infancy, through their school lives and, in some instances, depending on the service of the doctor, even up to their professional appointment. It has been found, in many instances, that the school medical officer is so well known that a youth will seek advice even well after school life.

The type of examinations, other than school medical inspection, is shown below:—

Examination of children for admission to Disabled Persons (Employment) Register	38
Examination of children for part-time employment	770
Examination of boarded-out children	210
Examination of staff—Teachers	51
Others	62
Examination of entrants to Training Colleges ..	177
Number of sessions at Infant Welfare Centres ..	148

EXTRACTS FROM INDIVIDUAL REPORTS OF THE SCHOOL MEDICAL OFFICERS.

Northern Area.

Holy Island School.—This year, for the first time, one 13 year old child showed a negative skin reaction and accepted B.C.G. vaccination. Previously all the children tested in this age group showed strongly positive reactions with negative chest x-ray examinations of themselves and their families.

The finding of a second case of lipodystrophy in one and the same school is, I think, a rare clinical experience. The cases were both girls and there was no family relationship.

With regard to educationally subnormal children, I have observed that their parents are becoming more willing to consider the opportunities which a special school can offer. The prejudices and fears, based on the false idea that their children were going to be ‘put away,’ are gradually being overcome by having more knowledge of what a special school really is, and that the main subjects taught there are the same as in the ordinary school.

One of the most important events in my area has been the introduction of home tuition for ineducable children, where no occupation centre is available for them. I can appreciate what it will mean to have this to offer when, very conscious of their distress, one tells parents living in an isolated farm cottage, that their child will not be able to attend the ordinary school.

Fifty years of the School Health Service.

It has been interesting to look up the entries relating to the early days in the log books of my schools, with the co-operation and permission of the head teachers.

The first Medical Inspections have been noted in 1908.

There are many references to school closures of two to three weeks’ duration for outbreaks of measles and whooping cough, and five weeks for scarlet fever. One frequent cause for the exclusion of individual pupils was ringworm.

The following are a few extracts from records in three small rural schools, widely separated in locality:—

School A.

10/11/1908.	The Medical Inspection took place.
20/3/1913.	The County Medical Officer inspected the eyesight of several defective children with a view to procuring spectacles.
3/9/1919.	Medical Inspection of children.—Only five presented for the inspection—owing to some parents objecting, more than half the scholars were retained at home.

SCHOOL B.

23/12/1910	The Medical Inspection took place yesterday and was responsible for the presence of a few extra scholars and also for the absence of several others, according to the inclination of their parents.
18/9/1911	Three cases of diphtheria in the same family have occurred at B.B. and one patient X.X. (girl) who was at school on Thursday has died of it. Precautions have been taken to remove all possible sources of infection from the school premises.
28/11/1911	A fresh case of diphtheria has occurred at B.B. The patient is Y.Y. (girl) who lives only a few yards from the above family—all scholars from that place have been excluded from school.
8/12/1911	Y.Y. died of diphtheria yesterday—this is the second fatal case.

SCHOOL C.

19/3/1906	Girl aged 13 admitted.—Owing to defective eyesight this girl has not attended any school before.
8/10/1907	The above girl's name removed from the register as she is to be admitted to the Royal Institution for the Blind.
19/9/1911	Dr. Burrow visited the school for Medical Inspection.
11/10/1911	Miss Fowler, the nurse appointed by the Education Committee to follow up cases reported by the Medical Inspector, visited the school today.

I have been shown many photographs of school groups dating from 1873 up to the present day—these make interesting comparisons.

East Central Area.

The School Health Service in Bedlingtonshire and Ashington has continued to function successfully during 1958. Four schools, however, have had their routine examinations delayed until 1959, because of time being given to ascertainment of children for Cleaswell Hill School and for poliomyelitis vaccination.

School children's health was at a satisfactory level and there have been no epidemics of ringworm, impetigo or scabies. Only occasionally was a child seen with clothing neglected, but the footwear position was often under criticism, again markedly amongst adolescent girls.

Of actual physical defects, respiratory diseases gave most concern, especially bronchiectasis and asthmatic bronchitis. It is always a relief to watch how the five year old "asthmatic" in general improves as it passes through school life into the middle teens. Heart disease was mercifully a rarity, but a number of cases of congenital heart disease have been found (e.g. septal defects needing operation).

It has been very gratifying to have children with speech defects seen so soon after reference. This was in marked contrast to the position for those needing psychiatric advice. It was rather difficult to persuade parents to have psychiatric advice for their children when there were eight months to wait. These cases often required more urgent attention than physical defects.

East Area.

The spring term of 1958 was occupied with the ascertainment of potential candidates for the new school at Stakeford and the completion of Forms 2H.P. for those children already ascertained by Mr. Allen, the educational psychologist. A high proportion of the candidates submitted by the headmasters of the schools concerned proved to be educationally subnormal.

During the spring and summer terms of 1958, the children in my area were vaccinated at school against poliomyelitis. This proved to be a better method than vaccination in the clinic, as children tend to make less fuss when the parents are not present. There were no ill effects from poliomyelitis vaccination during 1958.

In the summer and winter terms of 1958, the routine periodic medical inspections were carried out. The health of the children was very good. Of 479 school leavers examined, only 30 were classified as unsatisfactory.

The percentage of children examined at Periodic Medical Inspections who have received poliomyelitis vaccination is increasing but is still not high enough in my opinion. For example 42·6 per cent. of boys and 47·7 per cent. of girls seen at Periodic Medical Inspections have received poliomyelitis vaccination.

The attendance of parents at medical inspections continues to be satisfactory. At medical inspections in infants' schools, 85 per cent. (boys) and 89 per cent. (girls) of parents attended. At the medical examination of school leavers the percentage dropped heavily, i.e. to 9·2 per cent. for boys and 24·6 per cent. for girls. In many cases the children ask the parents not to attend.

Children were examined throughout the year in connection with their employment after school hours. All were passed fit for employment.

Entrants to teachers' training colleges were examined from time to time. All were passed as fit to undergo training. Others examined included caretaker groundsmen, school orthodontist, etc.

Boarded-out children received their annual medical examination. It was suggested that boarded-out children over school age should also be examined during 1958. This proved to be impracticable, as the majority failed to attend for examination. Incidentally one of the children examined required treatment for temper tantrums at the Child Guidance Centre.

There are several children in my area who use hearing aids. I see these children from time to time and I am glad to see that their cumbersome hearing aids are being replaced by neat compact transistor aids.

South East Area.

The general health is excellent.

The campaign for poliomyelitis vaccination received great support from parents and teachers. One result, however, is that the doctor is now greeted by the children on every occasion with "Is it a prick?"

Behavious disorders again form, in my opinion, the most difficult group of problems presented to the school doctor. In a series of twelve consecutive special cases, last May, four were brought by head teachers for 'truanting,' 'naughtiness,' 'wandering' and 'insolence or backwardness,' one by the education welfare officer, at the parents' request, for 'attacking a baby sister,' one by a foster parent with the complaint 'he won't grow up,' two by health visitors, at the parents request, for stealing, and one for enuresis.

Only three of the twelve special cases were brought for physical troubles. This small sample seems to me to indicate the change in character both of the work and the skills demanded. Three of these nine behaviour problems responded to investigation and advice to the adults concerned; the other six needed further help.

The child guidance clinic in connection with the Newcastle General Hospital, under the leadership of Dr. Connell, has been most helpful, but they obviously can deal with only a few of those needing help.

Tuberculin testing of 5 year olds.—This is becoming steadily more acceptable to the parents. This year 90 per cent. of the children were tested, contrasted with 81 per cent. in 1957. Less than 1 per cent. were found to react, i.e. 7 children out of a total of 918 (in contrast to 3 per cent. in 1957). However, the value of the test is demonstrated by the fact that two of these 7 reacting children were found to have signs of active disease. Neither child needed hospitalisation. No active cases were traced in contacts.

B.C.G. in 13 year olds.—The acceptance rate is satisfactory and the number needing B.C.G. is increasing. A routine X-ray of those found positive is arranged except in children who are known to have had chest X-rays. This action brought to light two cases of bronchiectasis with symptoms so slight that they had not been complained of at the school medical examination. These were probably unconnected with the positive tuberculin reaction.

Deafness.—It was a great privilege to attend the course on deaf children in Manchester in September last. Following this, during the "October holiday," I attended Mr. Munro Black's Out-patient Clinic, as he kindly sees so many children from my area. This was most helpful in demonstrating his methods of testing hearing, and on this afternoon also I had the opportunity of discussing audiometric methods with Miss Morley and her assistant. Mr. Black kindly arranged for me to attend at the Rye Hill Hospital Hearing Aid Centre, where I saw a child (among others) being fitted for a hearing aid.

The relations with general practitioners and head teachers is most happy and I am very grateful for all the help and support received.

South Area.

During the past year several points of interest have emerged from routine examinations. The first of these is the low incidence of positive reactors noted as a result of tuberculin testing the school entrant group. The figures are 6·4 per cent. in the Gosforth area and 3·6 per cent. in the Whitley Bay area. Of these reactors some are contacts of known cases of tuberculosis being followed up at the Chest Clinic, while others have been B.C.G. vaccinated. X-rays of children and relatives of the remaining group proved to be negative and as a result of the investigation no previously unknown case of tuberculosis was detected. These satisfactory findings would indicate that in certain areas such as Whitley Bay and Gosforth, tuberculin testing of entrants could be omitted as a routine procedure and carried out only when thought necessary.

At the age of thirteen years, those children whose parents agree to B.C.G. vaccination give the following figures on testing:—

Gosforth	19·4%
Whitley Bay	23·2%
Marton School Camp	20·8%
Brown Rigg School Camp ..	25%

Follow up X-rays of these positive reactors have revealed a need for observation in isolated cases. It might well be worth while to offer tuberculin testing to all thirteen year olds with a view to X-ray of positive reactors and the offer of B.C.G. vaccination to the known negative group.

The allergic conditions, asthma and eczema, show no indication of diminishing in case load, but modern treatment is mitigating the distress and discomfort of these conditions.

Psychological and social problems have been brought to light at routine medical examinations and, where possible, advice has been given. There are, however, cases where children are at risk in their own homes and for these it would be helpful if hostel or boarding school facilities were available as a means of preventative action. To wait until serious, though gradual, deterioration in the behaviour and character of the growing child renders action imperative is likely to be followed by irreversible changes.

West Area.

Parents maintained their interest in the periodic medical examinations and nearly all the children in the entrant and intermediate age groups were accompanied by an adult, usually the mother.

Very few, however, attended the examination of the leavers. This is in part due to the growing independence of the 'teenager' and because some of their mothers are working. I feel there is a place for a regular 'open session' in the secondary modern and grammar schools on the lines of the family doctor's surgery. Here children, and parents and others if they so wish, could come along and discuss with the school doctor individual difficulties which may prevent these growing into major problems.

The children on the whole were clean, wore sensible clothing and were well shod. The number of defects found show that there is still a place for the regular medical examination of school children. For example, foot defects caused by cramped shoes still occur. Most parents are taking a greater interest in their children's footwear but even with new shoes, some children's feet were cramped. Under the weight of the body the longitudinal and transverse arches of the foot 'give' and the foot becomes longer and wider. Hence a shoe which is a comfortable fit when tested in the shop sitting on a stool, is found to be too small under ordinary conditions of wear.

In the field of health education, I have continued to give talks and hold discussion groups on various subjects, usually at the request of head teachers. Further talks on 'Smoking and Lung Cancer' were given and a film strip illustrating the subject has been obtained. Other subjects included 'Poliomyelitis Vaccination,'' 'Child Welfare Clinics,' and 'The Work of the School Doctor.' There is an ever growing need for a wider range of subjects in this field. Such subjects as atmospheric pollution, food hygiene, radiation hazards, river pollution, etc., are all public health problems which could profitably be introduced in the schools, to the citizens of tomorrow.

Central Area.

Once again the most common cause of absenteeism was respiratory infection. There were no very big epidemics this year apart from chicken pox and the tail end of the 1957 'flu' epidemic but measles, mumps and scarlet fever all occurred and seemed to be more prevalent than usual in the summer term.

There seemed to be an increase in the number of children seen at medical inspection suffering from warts. These were especially common in the 9 year old age group and were mostly situated on the hands and knees, but a few plantar warts were seen.

There was a mild outbreak of scabies in the latter part of the year.

During the last three or four months of the year, there was an epidemic of dysentery, which started in the Newbiggin and North Seaton areas and spread to Ashington. This was fully investigated by Dr. McGregor.

REPORT ON THE SCHOOL HEALTH SERVICE IN WALLSEND.

The completion of the Poliomyelitis Vaccination programme was the most important single feature in 1958. With plentiful supplies of Canadian and American vaccine available for all children under 15 years whose parents consented, there were no longer any obstacles in the way, and by the autumn approximately 75 per cent. of the children had received two injections. In October a beginning was made with the third injections to complete the scheme recommended. Considering the adverse effects of certain publicity in the early stages, the figure of 75 per cent. seems very satisfactory. In this connection, there is little doubt that offering facilities through the schools increased the acceptance rate and made the whole procedure less of an ordeal for the children. In turn, the work could not have been carried out at the schools without the wholehearted co-operation of the head teachers and teachers.

During the years, when there is a persistent shortage of teachers and when head teachers have so many difficulties to cope with, one cannot speak too highly of the part they play in ensuring the health of the children in addition to keeping them happy and contented at school.

As one result of the concentration on poliomyelitis injections, very few B.C.G. vaccinations were given in 1958. Normally, at Wallsend, the B.C.G. has been given during the period September to December but in this instance it will be given between January and March 1959.

Tuberculin skin-testing of five year olds was continued and the decline in the number of positive reactions was noted to have continued.

Arrangements for eye testing and for the investigation of ear, nose and throat complaints continued to be satisfactory with practically no waiting time for appointments.

The general standard of health of the children examined remained high. The cleanliness and standard of clothing were also very satisfactory, except in a few instances.

PREMISES (OTHER THAN SCHOOLS) ACCOMMODATING CLINICS AT WHICH SCHOOL CHILDREN RECEIVED TREATMENT DURING 1958.

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.	Consultant and Minor Ailment.
Alnwick— Child Welfare Centre, 11, Bondgate Without, Alnwick	Wednesday	Monthly	Thursday a.m.	Wednesday	Monday and Thursday p.m.	
The Infirmary, Alnwick			2nd, 3rd and 4th Thursday—Surgeon Session			
Amble— Child Welfare Centre, 43, High Street, Amble	Daily	Do.	Wednesday			
Ashington— Child Welfare Centre, South View, Ashington	Daily				Monday p.m. Thursday a.m.	
Ashington Hospital			Tuesday			
School Clinic, Bolsover Street, Ashington		Wednesday		Monday and Friday		
Bedlington— Child Welfare Centre, South Parade, Choppington	Daily	Tuesday (alternate)	Thursday		Monday a.m. Thursday p.m.	
Bedlington Station— Child Welfare Centre, The Oval, Stead Lane Estate, Bedlington Station	Daily	Tuesday (alternate)				
Bellingham— Methodist Church Hall, Bellingham			Friday			
Berwick— The Infirmary, Berwick			Tuesday	Thursday		
Greenhaven, Berwick	Wednesday					
Blyth— Child Welfare Centre, Waterloo Road, Blyth					Monday a.m. Thursday a.m.	

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.	Consultant and Minor Ailment.
BLYTH—*cont.* School Clinic, Wellington House, Blyth	Daily	Tuesday, Wednesday and Friday	Monday	Thursday		Monday all day Wednesday p.m. Thursday p.m.
CRAMLINGTON— Child Welfare Centre, Cramlington Hostel	Friday	Monthly				
DUDLEY— Child Welfare Centre, Dudley	Thursday and Friday	Monthly				
FOREST HALL— Child Welfare Centre Forest Hall	Monday				Monday a.m. Wednesday a.m. Friday a.m. Saturday a.m.	
GOSFORTH— Child Welfare Centre, Church Road, Gosforth	Daily	Monday (fortnightly)	Tuesday and Thursday	Friday	Monday a.m. Friday a.m.	Saturday a.m.
HALTWHISTLE— Child Welfare Centre, Greencroft Avenue, Haltwhistle	Monday and Thursday	Monthly	Wednesday			
HEXHAM— Child Welfare Centre, Abbey House, Hexham	Tuesday, Wednesday and Friday	Monthly	Tuesday	Tuesday p.m.		
MORPETH— The Health Centre, Gas House Lane, Morpeth	Monday and Thursday	Monthly	Friday	Tuesday		
NEWBURN— 2, Newburn Road, Newburn	Daily					
PONTELAND— Child Welfare Centre, Emergency Hospital, Ponteland		Monthly				

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.	Consultant and Minor Ailment.
PRUDHOE— Child Welfare Centre, Oakfield Terrace, Prudhoe	Monday and Thursday	Monthly	Thursday	Alternate Tuesdays a.m.		Wednesday
ROTHBURY— Cottage Hospital, Rothbury			Friday monthly			
SEATON DELAVAL— Child Welfare Centre, Seaton Delaval		Monthly			Monday p.m Thursday a.m.	
SHIREMOOR— Child Welfare Centre, nr. Anne Street, Shiremoor	Daily	Monthly	Friday a.m.		Monday a.m. Friday a.m.	
THROCKLEY— Child Welfare Centre, Mayfield Avenue, Throckley	Daily	Fortnightly	Monday	Tuesday a.m. (alternate)		
WHITLEY BAY— Child Welfare Centre, Whitley Road, Whitley Bay ...	Daily	Monthly	Friday p.m.	Wednesday	Wednesday a.m. Saturday a.m.	
WOOLER— Child Welfare Centre, West End Flats, Wooler		As required				
WALLSEND— Health Centre, The Green, Wallsend	Daily	Monday p.m. Tuesday	Monday and Wednesday	Monday	Monday a.m. Thursday a.m.	Wednesday a.m.
WILLINGTON QUAY— Child Welfare Centre, East End Park, Willington Quay	Daily					
					Clinics operate from October to March	

SCHOOLS ACCOMMODATING CLINICS AT WHICH SCHOOL CHILDREN RECEIVED TREATMENT DURING 1958.

School.	Dental.	Ophthalmic.
Berwick County Secondary		As required
Bellingham County Secondary ..	Tuesday	As required
Longbenton County Secondary ..	Thursday and Friday	Weekly
Otterburn C.P...		As required
Seaton Burn County Secondary ..		Monthly

In addition, there are 10 mobile dental clinics operating in the county.

MEDICAL INSPECTION AND TREATMENT RETURNS.

Year ended 31st December, 1958.

NORTHUMBERLAND
(including Wallsend Divisional Executive).

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth). (1)	Number of Pupils Inspected. (2)	Physical Condition of Pupils Inspected. Satisfactory. No. (3)	Satisfactory. % of Col. 2. (4)	Unsatisfactory. No. (5)	Unsatisfactory. % of Col. 2. (6)
1954 and later ..	4	4	100	—	—
1953	3,471	3,368	97·0	103	3·0
1952	3,170	3,066	96·7	104	3·3
1951	455	437	96·0	18	4·0
1950	120	114	95·0	6	5·0
1949	3,057	2,925	95·7	132	4·3
1948	3,297	3,196	96·9	101	3·1
1947	1,721	1,689	98·1	32	1·9
1946	1,231	1,209	98·2	22	1·8
1945	502	494	98·4	8	1·6
1944	1,923	1,882	97·9	41	2·1
1943 and earlier ..	3,211	3,164	98·5	47	1·5
Total ..	22,162	21,548	97·2	614	2·8

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth). (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Part II. (3)	Total individual pupils. (4)
1954 and later ..	—	—	—
1953	80	588	615
1952	99	522	584
1951	14	67	76
1950	14	19	33
1949	290	431	669
1948	262	373	587
1947	166	206	333
1946	147	165	270
1945	47	77	114
1944	162	195	315
1943 and earlier ..	376	407	743
Total ..	1,574	3,050	4,339

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	10,107
Number of Re-inspections	14,263
Total ..	24,370

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	187,248
(b) Total number of individual pupils found to be infested	3,349
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

Part II.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

Table A.—Periodic Inspections.

Defect Code No. (1)	Defect or Disease. (2)	Periodic Inspections.							
		Entrants.		Leavers.		Others.		Total.	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	94	106	181	63	262	152	537	321
5	Eyes—								
	(a) Vision ..	189	223	527	403	966	913	1,682	1,539
	(b) Squint ..	190	106	52	16	176	95	418	217
	(c) Other ..	29	14	24	27	60	53	113	94
6	Ears—								
	(a) Hearing ..	19	82	25	30	26	78	70	190
	(b) Otitis Media	36	82	23	14	29	64	88	160
	(c) Other ..	8	42	7	4	17	29	32	75
7	Nose and Throat	214	525	47	53	151	268	412	846
8	Speech .. .	64	206	14	13	29	61	107	280
9	Lymphatic Glands	10	131	16	13	6	69	32	213
10	Heart	9	120	20	45	9	115	38	280
11	Lungs	99	225	57	42	69	127	225	394
12	Developmental—								
	(a) Hernia ..	25	34	9	11	22	26	56	71
	(b) Other ..	7	127	11	17	45	130	63	274
13	Orthopaedic—								
	(a) Posture ..	12	52	39	56	66	160	117	268
	(b) Feet ..	149	148	104	117	178	277	431	542
	(c) Other ..	90	105	44	62	100	150	234	317
14	Nervous System—								
	(a) Epilepsy ..	13	13	12	3	11	20	36	36
	(b) Other ..	15	36	14	17	18	60	47	113
15	Psychological—								
	(a) Development	3	46	1	22	64	98	68	166
	(b) Stability ..	8	83	5	11	17	123	30	217
16	Abdomen ..	25	37	14	15	33	67	72	119
17	Other	58	101	34	35	90	121	182	257

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease. (2)	Special Inspections. Pupils requiring Treatment. (3)	Special Inspections. Pupils requiring Observation. (4)
4	Skin	153	113
5	Eyes—		
	(a) Vision	1,423	1,640
	(b) Squint	321	159
	(c) Other	78	49
6	Ears—		
	(a) Hearing	59	97
	(b) Otitis Media	47	69
	(c) Other	12	35
7	Nose and Throat	100	228
8	Speech	107	166
9	Lymphatic Glands	6	101
10	Heart	20	129
11	Lungs	76	186
12	Developmental—		
	(a) Hernia	23	38
	(b) Other	46	142
13	Orthopaedic—		
	(a) Posture	29	170
	(b) Feet	104	277
	(c) Other	90	168
14	Nervous System—		
	(a) Epilepsy	16	26
	(b) Other	26	77
15	Psychological—		
	(a) Development	63	159
	(b) Stability	31	117
16	Abdomen	52	56
17	Other	57	161

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	243
Errors of refraction (including squint)	8,342
Total	8,585
Number of pupils for whom spectacles were prescribed	5,513

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) For diseases of the ear	27
(b) For adenoids and chronic tonsillitis	714
(c) For other nose and throat conditions	84
Received other forms of treatment	223
Total	1,048
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1958	4
(b) In previous years	58

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patient departments	1,742
(b) Pupils treated at school for postural defects	132
Total	1,874

TABLE D.—DISEASES OF THE SKIN.

(excluding Uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	4
(b) Body	24
Scabies	57
Impetigo	242
Other skin diseases	162
Total	489

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	120

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	650

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	293
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination	2,605 Re. 48
Total (a) — (c)	2,898 Re. 48

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—			
	(a) At Periodic Inspections	34,254		
	(b) As Specials	4,892	Total (1)	39,146
(2)	Number found to require treatment			29,725
(3)	Number offered treatment			25,267
(4)	Number actually treated			19,554
(5)	Number of attendances made by pupils for treatment, including those recorded at (11) (h)			60,092
(6)	Half-days devoted to:—			
	(a) Periodic (School) Inspection	364		
	(b) Treatment	8,941	Total (6)	9,305
(7)	Fillings:—			
	(a) Permanent teeth	29,587		
	(b) Temporary teeth	3,306	Total (7)	32,893
(8)	Number of Teeth filled:—			
	(a) Permanent teeth	25,139		
	(b) Temporary teeth	2,986	Total (8)	28,125
(9)	Extractions:—			
	(a) Permanent teeth	7,369		
	(b) Temporary teeth	18,336	Total (9)	25,705
(10)	Administration of general anaesthetics for extraction			4,466
(11)	Orthodontics:—			
	(a) Cases commenced during the year			791
	(b) Cases carried forward from previous year			547
	(c) Cases completed during the year			406
	(d) Cases discontinued during the year			181
	(e) Pupils treated with appliances			692
	(f) Removable appliances fitted			935
	(g) Fixed appliances fitted			32
	(h) Total attendances			6,861
(12)	Number of pupils supplied with artificial teeth			410
(13)	Other operations:—			
	(a) Permanent teeth	16,190		
	(b) Temporary teeth	4,650	Total (13)	20,840

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